



Division of Laboratory Services  
630 Hart Lane  
Nashville, TN 37216  
615-262-6300

<https://www.tn.gov/health/health-program-areas/lab.html>

**Disease/Agent Suspected or Test Requested:**

**Respiratory syncytial virus (RSV) -Respiratory Panel**

<b>Provider Requirements</b>	<ul style="list-style-type: none"><li>• Requested through consultation with epidemiology only.</li><li>• Contact <a href="#">CEDEP</a> prior to submission.</li></ul>
<b>Acceptable Specimen Sources/Type(s) for Submission</b>	<ul style="list-style-type: none"><li>• Nasopharyngeal swab</li></ul>
<b>TDH Requisition Form Number</b>	PH - 4149 – Contact <a href="#">CEDEP</a>
<b>Media Requirements</b>	Polyester swab in Viral Transport Media. <b>Refrigerate after collection.</b>
<b>Special Instructions</b>	
<b>Shipping Instructions</b>	Ship <b>COLD</b> on cold packs Ship on dry ice <i>if already frozen</i>
<b>Laboratory Section Performing Testing</b>	Virology
<b>Lab Location(s) Performing Test</b>	Nashville

All infectious substance shipments must conform to U.S. Department of Transportation (DOT) Hazardous Materials Regulations (HMR 49 C.F.R Parts 171-180).